



MEDICARE-MEDICAID COORDINATION OFFICE

DATE: May 11, 2016

TO: Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations, and Analysis Group

SUBJECT: Medicare-Medicaid Plan Member Material Model Updates for Contract Year 2017

Starting this month, the Medicare-Medicaid Coordination Office will begin to issue state-specific Medicare-Medicaid Plan (MMP) member materials for use in Contract Year (CY) 2017. Attached to this memorandum are the CY 2017 national model templates for the MMP Annual Notice of Changes (ANOC) and Member Handbook Chapter 9. These templates will serve as the basis for state-specific models that Medicare-Medicaid Plans (MMPs) will use in CY 2017.

As part of our ongoing initiative to improve Medicare-Medicaid member materials, we worked with the CMS Office of Communications and a contractor from October through December 2015 to test the ANOC and seven MMP-delegated enrollment and disenrollment notices. We based the testing materials on a comparative analysis of models used by four MMPs. We interviewed Medicare-Medicaid beneficiaries served by the Financial Alignment Initiative in three markets and got their input on different versions of the materials. During the same time period, we sought input from our state ombudsman programs on Member Handbook Chapter 9. We received more than 200 comments related to the national Chapter 9 model as well as state-specific versions.

We used the results not only to enhance these two materials but also to inform similar changes in other model materials for CY 2017. Primary improvements for CY 2017 related to organization, content, and format. Examples include:

1. Organization

- Placement of important information nearer the beginning of a material (e.g., Table of Contents, explanation of purpose, actions the member needs to take)
- *At a glance box* summarizing Level 1 Appeals for services
- Separate sections for internal and external complaints

2. Content

- Toll-free TTY/TDD information for Member Services
- Instructions for making standing requests for materials in non-English languages or alternate formats
- Days in addition to hours of operation
- References to specific page numbers in longer materials
- Simpler language (e.g., get instead of receive, ask instead of request, copay instead of co-payment)
- Clarifying language (e.g., for balance billing, expedited redetermination, quantity limits, prudent layperson)

3. Format

- Shorter paragraphs of text
- More bulleted information and white space
- Bold font to stress importance (e.g., dates, amounts, critical information)

The nature of this work is iterative and there will be additional opportunities to further simplify the content and format of Medicare-Medicaid member materials and to increase consistency across materials. As a result, we have planned additional beneficiary testing and reviews by subject matter experts in 2016 and will use those results to improve CY 2018 materials.

Please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov if you have any questions about the contents of this memorandum.